

**MIDTERM EVALUATION  
OF  
STUDENT TEACHING  
SPEECH-LANGUAGE PATHOLOGY**

Name: \_\_\_\_\_  
Last
First
Middle/Maiden

Student ID Number \_\_\_\_\_ Major \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Building(s) \_\_\_\_\_ Educational Agency \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

University Coordinator \_\_\_\_\_ Supervising Clinician \_\_\_\_\_

Office \_\_\_\_\_ Building \_\_\_\_\_

Phone Area \_\_\_\_\_ Beginning and Ending Dates \_\_\_\_\_ Phone Area \_\_\_\_\_

Evaluation Scale: U...Unsatisfactory; CO...Competent; O...Outstanding Check the Appropriate Circle

**CLINICAL SKILLS**

**PERFORMANCE LEVELS**